

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028684

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4248

STATE FILE NUMBER

FILED AUG 14 1963

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 60 Yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp. | | d. STREET ADDRESS (If outside, give location) 1968 E. 72nd St. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Francis M. Story | | 4. DATE OF DEATH Month Day Year July 26, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-30-1877 |
| 9. AGE (last birthday) 86 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Carpenter |
| 11. BIRTHPLACE (City and state or country) Taperville Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME George W. Story | | 13b. MOTHER'S MAIDEN NAME Ellen Frances Leeton | |
| 14. NAME OF HUSBAND OR WIFE Clara E. Story | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. [redacted] | | 17. INFORMANT Clara E. Story, 1968 E. 72nd St. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>General carcinoma of abdomen primarily in liver</i> DUE TO (b) <i>Unknown</i> DUE TO (c) <i>Unknown</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <i>May 1, 1963</i> to <i>July 26, 1963</i> and last saw him alive on <i>7/26/63</i> Death occurred at <i>home</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>M. B. Casebolt M.D.</i> | | 22b. ADDRESS <i>4000 Baltimore Ave</i> | |
| 22c. DATE SIGNED <i>7/27/63</i> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 7-29-63 | | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | |
| 23d. LOCATION (City, town, or county) Kansas City, Missouri | | 24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 7-29-63 | | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> | |

DOCUMENT

MEDICAL CERTIFICATION

Casebolt

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1
2 3908
3
4 0
5 1
6
7 0
8 2
9 155.0
10
11
12 50-0
13

Dr. M. D. Caswell
4000 Baltimore
W. 1-511500
2:45-4:30 p.m. - 04
809

20-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. Powers

Licensed Embalmer No. 5190

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.